MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

Blood Test

Urinalysis Chest X-Ray

Drug Test

Psychological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, Fir	st Name, Name Extension (if	AGENCY / ADDRESS		
AUKU	IMO, MOE	VVV		
		BAYBAT LETTE	,, ,	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
18	MALE	MARRIED	ADMIN AIDE III	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically D	amination result 2FIT / □UNFIT	s, personally e for employmen	examined the	
JOSEPHINE O. ZAFICO, M.D. Medical Officer III License No. 075699 AGENCY/Affiliation of Licensed Government Physician:		FORMATION AE		•
LICENSE NO. OTS6 99	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped Ln. 3 Kg	BLOOD TYPE	120 G
OFFICIAL DESIGNATION Wed, office in	DATE EXAMINED			1.0 (9